AMENDMENTS TO THE SPECIFICATION

Kindly amend the paragraph which beings on page 3, line 10, as follows:

If the principal vessel proximal to the bifurcation also suffers from atherosclerosis, this section might be considered ~~stented~~ for stenting as well. This may be done by using long stents for the branch vessels and letting a proximal end of these stents extend through the blocked section of the principal vessel. This is illustrated in Figure 1A. It is a disadvantage of this technique that the Y-stenting results in a long section of two side-by-side stents in the principal vessel. Firstly, this creates a long segment of a double stent "barrel" interfering with blood flow and thereby increasing the risk of stent thrombosis. Secondly, at implantation, one stent may exert a collapsing pressure on or cut off the other if they do not extend side-by-side all the way. This is illustrated in Figure 1B.

Kindly amend the paragraph which begins on page 4, line 3, as follows:

With the T-stenting technique, a stent is initially implanted in the main branch covering the origin of the side branch. Thereafter, a guidewire is brought between stent struts into the side branch. After balloon dilatation between struts another stent is deployed in the side branch ~~from the its origin and distally~~. Alternatively, the side branch stent may be deployed before main branch stenting. Both techniques optimally involve a finalising simultaneous balloon dilatation of both main and side branch ("kissing balloons") in order to achieve a sufficient apposition of stents to the arterial wall.

Kindly amend the paragraph which begins on page 9, line 26, as follows:

~~The term that~~ That a section of the catheter has no bifurcations (branches or splits) or side openings (besides the openings at the ends), means that the catheter is as simple as possible in order to also simplify its use and the risk of complications. The various catheter sections preferably have at least substantially tubular outer perimeters.

Kindly amend the paragraph which begins on page 15, line 8, as follows:

Figure 4A shows a side view of a combinatory RX and OTW dual-wire lumen catheter according to the invention, ~~Figure 4B shows a~~ Figures 4B and 4C show cross-sectional views of the combinatory RX and OTW dual-wire lumen catheter.

Kindly amend the paragraph which begins on page 15, line 32, as follows:

Figure 1A illustrates a Y-stenting according to the prior art. Stents 10 and 12 are positioned and expanded by individual catheters so that their proximal end parts reside side-by-side in the principal vessel 2 and each distal end part reside in a branched vessel 4 and 6, respectively. If the principal vessel has plaque 8 far above the bifurcation ~~3~~ 1, stents 10 and 12 will overlap over a long distance, which is not desirable. Figure 1B illustrates the situation where the Y-stenting has resulted in the collapse of the stent 10.

Kindly amend the paragraph which begins on page 18, line 13, as follows:

When catheters 60 and 62 are in position, the balloons are inflated to position stents 61 and 63. Catheters 60 and 62 can now be withdrawn over wires 5 and 7, leaving the wires in position, Figure 6D. As can be seen, stents 61 and 63 overlap side-by-side inside stent 9. An overlap as described ~~secures~~ ensures that no parts of the vessel wall protrude into the lumen. This is important as wall protrusion into the lumen (as illustrated in Figure 2A) might increase the risk of thrombosis or so called sub acute stent thrombosis, a much feared complication of stenting. Also, stent overlap reduces the risk of vessel wall recoil and subsequent restenosis. After confirming a stable blood flow through the bifurcation, guidewires 5 and 7 are removed.

Kindly amend the paragraph which begins on page 19, line 33, as follows:

The method for stenting bifurcations according to the invention has been described in relation to a simple bifurcation in the above. The underlying principle of threading and advancing a catheter over several guidewires, positioning a first stent with subsequent stents overlapping inside the first stent may be applied in other situations as well. Of particular interest is use of the method for stenting of the left main coronary artery, which with present techniques is considered of unacceptable high risk, due to the high risk of occlusion of one of ~~a~~ the large artery branches of

the left main coronary artery. Also other complex anatomies such as trifurcations and double bifurcations can be treated with the invention subsequently using two or several systems, eventually of different sizes.